

formity with Dr. Watson's views, as a test of the portion of the cava obliterated. If this inference be correct, the present case is precisely similar to that described by Dr. Reid, in the 43d volume of the *Edinburgh Medical and Surgical Journal*, and the appearances discovered by him in the body of his patient, dead from other causes, may be a guide in determining the cause and prognosis in the present case. There is nothing in the obliteration of either of the cavæ, provided it take place gradually, which would of itself lead to an unfavourable prognosis, but in the great majority of the cases on record, the obliteration has depended upon aneurismal or other tumours, which have been the cause of a fatal result. In Dr. Reid's case, the obliteration appears to have resulted from enlargement of the bronchial glands, from inflammation, which had obliterated the cavity of the vein by pressure upon its walls. Dr. Carson was inclined to a favourable prognosis in the present case, as he did not consider it probable that an aneurism of the ascending aorta, in such a position as would produce obliteration of the cava in the given position, would remain latent and undiscovered by the ordinary modes of investigation, for so long a period. The healthy appearance of the patient precludes the idea of a malignant tumour. The only other explanation would be that of a local phlebitis, whose presence was indicated by the pain. The retrograde course of the blood in the veins, in spite of the valves, was considered by Dr. Carson to be explicable by the circumstance of there being, with few unimportant exceptions, no valves in the veins of the trunk of the body.—*Prov. Med. and Surg. Journ.*, Aug. 5th, 1846.

19. *Treatment of Chronic Bronchitis and Bronchial Asthma.*—Dr. THEOPHILUS THOMPSON, in a paper read before the Medical Society of London, invited the attention of the society to a class of cases claiming our careful study in consequence of their frequent occurrence, and their injurious influence on the constitution, often occasioning disease of the heart, or, especially when extending throughout the ultimate pulmonary ramifications, tending to the production of dropsy. Amongst the applicants for relief at the Hospital for Consumption and Diseases of the Lungs, he stated that a very large proportion are affected with chronic bronchitis, in the form which Dr. Thompson proceeded to describe. They present themselves with respiration, a little wheezing, and somewhat hurried by exertion; their complexion in some degree affected by partial deficiency of oxygen, often without pain of chest, or acceleration of pulse, but with inspiration rather laborious, and expiration prolonged. On listening to the chest, the respiratory murmur is found to be more or less extensively superseded by mucous rhonchus, commonly intermixed with the sonorous and sibilant. The sleep of such patients is usually disturbed. Those possessing much peculiar nervous susceptibility are liable to distinct paroxysms of asthma, often occurring an hour or two after retiring to rest. If you inquire how long the complaint has lasted, some will tell you many winters, others, that they have never been quite right for many years. They have tried various treatment with temporary effect; but on the whole lose ground, and are unfit for active duty. The heart becomes oppressed and dilated, and they die eventually either from the supervention of acute bronchitis, or from dropsy; or if beyond the meridian of life, not unfrequently in a few years, they become consumptive. Dr. Thompson proceeded to notice the remedial treatment recommended by authors, and to show that the results were too often unsatisfactory. Antimony given alone is not altogether useless; but it is inadequate, and may be carried to such an extent as to injure the constitution, without permanently improving the condition of the tubes. Counter-irritation, although strongly recommended, produces only temporary advantage, and superadds to a trying malady a painful annoyance. Acids check expectoration, and often occasion tightness of chest. Opiates, so often given to allay the incidental cough, not infrequently induce severe pleurodynia. The plan which Dr. Thompson first adopted, some years ago, he has, with certain modifications, very extensively employed at the Hospital for Consumption and Diseases of the Lungs, as well as in private practice, and the results have been so gratifying, as to make him anxious to communicate them to the Society. It consisted mainly in establishing on the bronchial tubes, gently, but rather rapidly, the influence of mercury. Calomel is undesirable, since if given freely it will frequently salivate, and its discontinuance be required before the bronchial condition is materially

modified; but a single grain of blue pill, given thrice a day for a short period, and subsequently twice or even once daily, accomplishes the object often without producing soreness of the gums. Antimony proves a valuable auxiliary, and enables us to effect our purpose with a smaller quantity of mercury than would otherwise be requisite, and the addition of an anodyne is useful both in moderating the cough and making the stomach more tolerant of the treatment. The formula which Dr. Thompson is accustomed to employ consists of blue pill, half a scruple; antimonio-tartrate of potass, one grain; extract of conium, one scruple, divided into eight pills. The duration of treatment varies with the severity of the disease, and the susceptibility of the patient; but it is often sufficient to administer one pill thrice daily for four days, then twice daily for four days, and afterwards every night for a week. Under this treatment, the sonorous rhonchus usually disappears in a few days, or becomes audible only when the patient takes a deep inspiration, and the expectoration is rendered less tenacious and more opaque. When the breathing becomes comparatively easy, and the only rhonchus heard is the mucous, the mercurial pill may be given less frequently, and ipecacuanha, or, in debilitated subjects, compound squill pill, substituted for antimony. When all rhonchus has disappeared, some roughness of respiratory murmur is often observable, and till this is removed the mercury must not be suspended, or a relapse would be probable. An occasional purgative may be advantageously employed, and when the mercury is discontinued, iodide of potassium is often of value in establishing a healthy condition of the bronchial membrane. Dr. Thompson gave several instances of the successful employment of his plan of treatment. One, in a gentleman between seventy and eighty years of age, in whom the heart was involved, and dropsy threatened; another, in a young man, who, in consequence of chronic bronchitis, associated with peculiar nervous susceptibility, suffered from distressing paroxysms of asthma, night after night, an hour or two after retiring to rest. He did not attempt to specify all the variations of treatment which the modifications of individual cases might require, but urged that the principle of management was of wide application, aiming to substitute a curative for a palliative plan, and suggested that by changing the condition of the bronchial tubes, and rendering them tolerant even of our variable climate, it might save many individuals, now subject to bronchial attacks, every winter from the evil of annual expatriation.—*Lancet*, Jan. 16th, 1847.

20. *Microscopic Researches on the Absorption of Pus.*—DR. MÜHLBAUER has given the particulars of a case which are interesting in relation to the disputed question regarding the possibility of the reabsorption of pus into the blood-vessels. The fact that in cases where suppurating surfaces exist, deposits of purulent matter in the substance of organs, and the cavities of joints, without preceding inflammation of these parts, do frequently take place, is undoubtedly: and the inference that these deposits are effected through the agency of the blood-vessels conveying the elements of pus from parts where they have been formed, and discharging them in the distant places, seems quite natural, but is commonly opposed by the apparently insurmountable difficulty presented by the large size of the pus corpuscles, compared with the calibres of the minute capillary vessels into which they must pass if re-absorbed, and the non-existence of any demonstrable apertures in the walls of these vessels through which the corpuscles might be supposed to make their way. In Dr. Mühlbauer's case, a soldier who had several abscesses of the nature of carbuncle about his body, died, and when examined, there was found in the cavities of his heart a small quantity of thin fluid blood, having a dirty-brownish red colour, and causing a tingling sensation when rubbed between the fingers. Examined beneath the microscope, there was discovered, besides blood-corpuscles, a considerable quantity of large granulated corpuscles, presenting all the characters of ordinary pus-corpuscles, and like these being rendered transparent by treatment with acetic acid, whereupon a cup-shaped nucleus in each was brought into view. Compared with the quantity of blood-corpuscles they were in the proportion of about 1 to 8. The blood generally was decomposed (an effect which invariably attends the mixture of pus with blood out of the body). Several metastatic abscesses were found in the lungs; and the kidneys were degenerated